Special Needs Offenders

STAFF DEVELOPMENT AND TRAINING
Performance Objectives

1. Define a Special Needs Offender
2. List 5 benefits of identifying Special Needs Offenders
3. List 6 special needs medical conditions
4. Identify at least 2 actions to be taken for each of the 6 special needs medical conditions
Performance Objectives

5. List two types of physical disabilities
6. Identify 8 tips for working with offenders with intellectual & developmental disabilities
7. List at least 2 behavior management techniques to use when working with an offender with ADHD
8. Identify 6 do’s when working with offenders diagnosed with schizophrenia
9. List 5 do’s when working with offenders with anxiety disorders
10. Identify 10 tips for working with offenders who have mood disorders
11. Identify the 4 most common medication side effects
12. List 7 principles recommended for effectively managing Special Needs Offenders
Definition: Special Needs Offender

A general term that refers to offenders with various types of medical, physical, and/or mental disabilities
Legal Issues

The U.S. Supreme Court has ruled that correctional facilities are prohibited from being “deliberately indifferent” to serious medical needs of offenders.
Legal Issues

- Prison Litigation Reform Act (PLRA)
- Americans with Disabilities Act (ADA)
- The Civil Rights of Institutionalized Persons Act (CRIPA)
Offender Rights

- The right to a reasonably safe environment
- The right to access programs and resources
- The right to due process
- The right to special education
Benefits of Identifying Special Needs Offenders

1. Decrease misunderstandings between staff and offenders
2. Decrease confrontations, physical or verbal, between special need offenders and other offenders
3. Decrease unnecessary write-ups
4. May be assigned special housing to better accommodate their needs
5. It is the professionally humane and responsible thing to do
Offenders with Medical Conditions

Offenders with various medical conditions may require some degree of special care and treatment.
Epileptic Seizure

Do:

- Remove objects that could cause injury
- Loosen tight clothing
- Roll the offender on to his/her side
- Put a pillow or folded blanket under the head
- Alert medical staff immediately
- Summon staff for assistance

Don’t:

- Attempt to restrain the person
- Place any objects in mouth
- Force the mouth open
- Pour liquids in the mouth
Diabetes

- A condition that prevents the body from processing sugar properly
- Offenders with diabetes may need to take insulin
- Diabetics are subject to 2 very different types of emergencies
Diabetic Emergency

- Diabetic Coma
- Insulin Shock

When dealing with a Diabetic Emergency

**Do:** Call for medical assistance immediately and allow the offender to eat something if necessary

**Don’t:** Leave the offender unattended
<table>
<thead>
<tr>
<th>Cardiovascular Conditions</th>
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<tr>
<td>Signs of a Heart Attack</td>
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- Pain
- Unusual behavior
- Feeling tense or uptight
- Feel something is seriously wrong
- Confused
- Disoriented
- Change in skin color
- Faint
- Thrash around
- Lose consciousness
- Shortness of breath
Stroke Victim

Symptoms
- Headache
- Confusion
- Numbness in arms/legs
- Slurred speech
- Unequal pupil size
- Loss of consciousness

Do’s
- Call for medical assistance immediately
- Treat person like a cardiac emergency
- Calm and reassure the person
Allergic Reactions

Call For Medical Assistance Immediately
Asthma Attacks

- Call for medical assistance
- Help them get into a comfortable position
- Help them take their medication
- Try to calm and reassure them
PHYSICAL DISABILITIES AFFECTING OFFENDERS COULD INCLUDE HEARING OR VISUAL IMPAIRMENT, LOSS OF MOBILITY FROM BROKEN OR AMPUTATED LIMBS, ETC.

Offenders with Disabilities
Position yourself in front of the offender
Maintain a structured schedule
Provide expectations in writing or through an interpreter
Be aware in a crisis, events can occur so quickly the offender may be already frustrated due to his or her disability
Working with Visually Impaired Offenders

- Provide a consistent physical environment
- Provide a complete orientation to the facility grounds initially
- Speak in a normal tone
- During a crisis or emergency situation provide direct assistance to insure proper responses
- When asking about an incident, ask the offender to describe what happened based on what he or she could perceive
Juvenile Offenders with Mental Health Disorders

- Why are there so many juveniles in detention with mental health disorders?
- How do symptoms of depression in adolescents differ from symptoms in adults?
- How can we prevent being manipulated by juvenile offenders with mental disabilities?
- What are some tips for being an effective supervisor of juveniles with mental health disorders?
About 3% of the U.S. population suffers from mental retardation

Approximately 9% of the offenders suffer from this disability
IQ Levels

- Mild mental retardation IQ 50-55 to 70
- Moderate mental retardation IQ 35-40 to 50-55
- Severe mental retardation IQ 20-25 to 35-40
- Profound mental retardation IQ below 20-25
Supervising Offenders with Intellectual & Developmental Disabilities

- Minimize extra activity in the room
- Speak in short sentences
- One directive at a time
- Ensure the offender understands the request
- Reminders
- Positive directions
- Concrete communication
- Speak slowly and clearly
Learning Disorders

The learning problems significantly interfere with academic achievements or activities of daily living that require reading, mathematical, or writing skills.
Some children do not outgrow ADHD
Adults experience the same symptoms as children
Many adults in correctional systems have ADHD that has not been diagnosed
Primary Traits of ADHD

- Inattention
- Impulsiveness
- Hyperactivity
- Low self-esteem
- Mood instability
- Emotional immaturity
- Temper outbursts
- Resistance to conditioning

- Academic under-achievement
- Low frustration tolerance
- Average to above intelligence
- Poor social skills
- Poor organizational skills
- Poor fine motor skills
Tips for Working with ADHA Offenders

- Reduce unnecessary activity
- Maintain regular daily activity and expectations
- When giving direction, make eye contact, be sure the offender is paying attention
- Offender can learn to control his or her behavior
- Shouting will over stimulate the offender so maintain a firm but controlled voice
- Give one directive at a time
- Be consistent
- Frequent and immediate feedback
2-4% of offenders in state prisons are estimated to have schizophrenia or other psychotic disorders.

13-19% are estimated to have major depression.

2-4% are estimated to have bipolar disorder.

22-30% are estimated to have an anxiety disorder.

6-12% are estimated to have post-traumatic stress disorder.
Schizophrenia

A chronic condition of unknown cause resulting in symptoms lasting for a prolonged period that are not caused by drug abuse or other medical problems.
When Working with Offenders Diagnosed with Schizophrenia

Do:

- Be aware that many schizophrenics, in a psychotic state, are suspicious of everyone’s motives, actions, food, etc.
- Reassure the offender he/she is safe
- Speak in short, simple sentences
- Ask direct questions and do not offer a variety of choices
- Be patient when asking a question
- Answer offender questions honestly
When Working with Offenders Diagnosed with Schizophrenia

Don’t:

- Don’t argue with the individual over the validity of the hallucination/delusion
- Don’t focus exclusively on the content of the hallucination
- Don’t joke or tease the individual about the hallucination
- Don’t use “why” questions
- Don’t touch or restrain an offender without sufficient backup
- Avoid laughing, whispering, or talking quietly
Anxiety Disorders

- Panic Disorder (panic attack)
- Specific Phobias
- Obsessive Compulsive Disorder
- Acute Stress Disorder
- Generalized Anxiety Disorder
- Post Traumatic Stress Disorder
Do:

- Be predictable; don’t surprise them
- Find something positive in every experience
- Be patient
- Use caution
- Facilitate understanding through listening
When Working with Offenders with Anxiety Disorder

Don’t:

- Try to predict their mood
- Make assumptions; ask the offender
- Panic when the person with the disorder panics
- Say “relax”, “calm down”, “you’re being ridiculous.”
- Crowd the person (personal space)
Mood Disorders

Depression

- Symptoms such as low energy, prolonged sadness or irritability, and lack of interest in daily activities
- Can be triggered by a chemical imbalance or stressful emotional situations
- Is a medical condition, not a character flaw or weakness
Bipolar disorder is a medical condition that causes extreme mood changes that alternate between episodes of depression and mania.
Supervising Offenders with Mood Disorders

- Reduce activities around the individual
- Use one directive or request at a time
- Use caution
- Don’t try to predict their mood
- Maintain confidentiality
- Be aware
- Does the situation warrant mental health staff or further assistance?
- Decide if the individual is placing himself/herself or others in immediate danger?
- Monitor your responses to the offender’s behavior
- Report the situation to your supervisor and/or mental health staff immediately.
Self-harm

- Cutting
- Scratching
- Picking scabs or interfering with wound healing
- Burning
- Punching self or objects
- Inserting objects in body openings
- Bruising or breaking bones
- Hair pulling, other various forms of bodily harm
Psychotropic Medication

Psychotropic medications are prescribed by a psychiatrist to decrease symptoms of mental illness.

Examples:
- Stimulants
- Tricyclic Antidepressants
- Selective Serotonin Re-uptake Inhibitors
- Atypical Antidepressants
- Mood Stabilizers
- Antipsychotics
Medication Side Effects

- Gastrointestinal
- Cardiovascular
- Central nervous system
- Other
Principles for Effective Management

1. Be attuned to special needs symptoms
2. Seek help when appropriate
3. Learn more about special needs conditions
4. Provide assistance in a way that fosters independence
5. Use effective communication skills
6. Treat special needs offenders and all offenders with respect and use the “Golden Rule”
7. Remember that special needs offenders are to be treated with the same dignity and respect that you would treat any other offender
Confidentiality of special needs offender’s health status and treatment is protected by federal law, state law, and Department Policy.

“Any staff person who knowingly or intentionally discloses information classified as restricted or confidential commits a Class A misdemeanor” (Policy 01-04-104)
Congratulations!!

YOU HAVE COMPLETED THE MODULE ON,

“SPECIAL NEEDS OFFENDERS.”

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR COMMUNITY INVOLVEMENT COORDINATOR.

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